

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 N Courthouse Rd Ste 700		
(c) City, State and ZIP Code ARLINGTON VA 22201		3. FEC Identification Number <div>C C90013285</div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 116954.47

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Tim Carnahan

Tim Carnahan

09/09/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Ajilon Professional Staffing

Date of Public Distribution/Dissemination

09 / 08 / 2016

Mailing Address Dept CH 14031

Amount

563.20

City

State

Zip Code

Palatine

IL

60055

Transaction ID : F57.5058

Purpose of Expenditure
Phone BankingCategory/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCalendar Year-To-Date Per Election
for Office Sought

126608.23

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cornerstone Staffing

Date of Public Distribution/Dissemination

09 / 08 / 2016

Mailing Address PO Box 909

Amount

563.20

City

State

Zip Code

Grapevine

TX

76099

Transaction ID : F57.5059

Purpose of Expenditure
Phone BankingCategory/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCalendar Year-To-Date Per Election
for Office Sought

127171.43

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

The Singularis Group

Date of Public Distribution/Dissemination

09 / 09 / 2016

Mailing Address P.O. Box 9265

Amount

29795.40

City

State

Zip Code

Shawnee Mission

KS

66201

Transaction ID : F57.5060

Purpose of Expenditure
Mailers (Kander Cost of Living)Category/
Type 004

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCalendar Year-To-Date Per Election
for Office Sought

156966.83

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 30921.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

United States Postal Service

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 09 / 2016

Mailing Address 475 L'Enfant Plaza Sw

Amount

86032.67

Transaction ID : F57.5061

Purpose of Expenditure
Postage for Mailers (Kander Cost of Living)Category/
Type 004Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCalendar Year-To-Date Per Election
for Office Sought 242999.50Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 86032.67

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 116954.47
(carry total from last page forward to Line 7)